



BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT

April 16, 2003

To: Gasoline Service Station Owners and Operators
From: William Norton, Executive Officer/APCO
Subject: Grant Funding Opportunity
Replacement of Bootless Nozzles on Marconi/Gilbarco VaporVac Dispensers

The Bay Area Air Quality Management District (District) invites gasoline service station owners and operators to submit applications for funding to replace bootless nozzles on Marconi/Gilbarco VaporVac dispensers with "mini-boot" nozzles. Replacing these nozzles will reduce emissions of volatile organic compounds (VOCs) that contribute to the production of ozone, an air pollutant that causes adverse health effects.

To accelerate VOC reductions, the District, in cooperation with ARB (California Air Resources Board), has developed this voluntary replacement program for local Bay Area facilities. This incentive program will provide funding on a first-come, first-served basis to replace bootless nozzles on Marconi/Gilbarco VaporVac dispensers. In utilizing this program, service station operators will benefit in lower maintenance costs based on the average 18 months life-span for a typical nozzle. A total of \$400,000 is available for program implementation.

The Air District began accepting applications on Monday, March 3, 2003. The enclosed application form and instructions provide the necessary details on applying for these funds.

Please direct any questions regarding the program to
Tommie Mayfield at (415) 749-4774 or tmayfield@baaqmd.gov

Introduction

This document summarizes the funding application process and program requirements for Bay Area gasoline service station owners and operators. *We encourage potential applicants to review this document in its entirety prior to preparing a grant application.*

Program Requirements

All requests for funding must meet the following requirements:

1. Applications may be submitted only by Bay Area gasoline service station owners or operators. An owner or operator may submit one application for multiple sites. However, applications by independent consultants will not be accepted. Service stations currently under enforcement action with the District are precluded from participating in this program.
2. The service station must be presently equipped with a Marconi/Gilbarco VaporVac Phase II vapor recovery system. Dispensers equipped with Emco

Wheaton A4500, Husky V3 6201 or OPW 11VAI nozzles are eligible for replacement.

3. Mini-boot nozzles approved for replacement (Executive Order, G-70-199-AH, Exhibit 2). Catlow ICVN, Emco Wheaton A4505, Husky V34 6250, OPW 12VW and Richards Astrovac.
4. Please note that each dispenser's vacuum pumps will need to be adjusted to accommodate the new nozzles and a lower Air to Liquid ratio (A/L) specification. An A/L test must be successfully completed for each new nozzle. The A/L test must be conducted pursuant to the Executive Order, G-70-150 series, using the ARB (TP 201.5) or District Source Test (ST-39) methodology as designated.
5. Service station operators who choose to upgrade to a CARB certified ORVR Phase II System must meet additional requirements. Contact T. Mayfield for details.

Payment of Funds

1. Program will pay up to \$470 for each unihose dispenser and \$1170 per dispenser for six hoses dispenser (6-pack). This amount is expected to cover the cost of hardware, installation and testing, for most applications. Only the exact cost (up to \$1170) per dispenser will be reimbursed with a maximum of \$9,000 per station.
2. Payment will be made on a reimbursement basis by the Air District after the installation of the mini-boot nozzles and successful Air to Liquid (A/L) ratio test results are submitted. The District reserves the right to physically inspect the replacement nozzles and dispensers prior to making any payment.
3. Applicants will be responsible for any costs above \$470 for each unihose and \$1170 per qualified dispenser for each 6-pack.

Monitoring and Reporting

1. Owner/operators shall notify the Air District when the replacement nozzles are ordered and after the nozzles are installed. (Mailed purchase order, implementation schedule and Nozzle Changeout Tracking Form.)
2. Owner/operators shall notify the District Source Test Section 48 hours prior to conducting the A/L test. Notification shall be by FAX sent to the Source Test Section at (415) 749-4922. The FAX notification shall contain the following information:

Facility name and address
Type of testing to be performed
Date and approximate time of testing
Contact person at testing firm

Contact telephone number

Notification must be provided in order for the test results to be considered for acceptance by the District. The sender should retain a copy of the FAX.

Application Instructions

To receive funding, please complete the *Gasoline Service Station Nozzle Replacement* Application. Complete each section of the application as necessary. Applicants may attach additional information as needed.

Additional application forms are also available on the Air District's web site at www.baaqmd.gov/enf/nozzle.

Applications may be submitted starting immediately to:

Ms. Tommie Mayfield, Principal Air Quality Specialist
BAAQMD
939 Ellis Street
San Francisco, CA 94109

Applications will be reviewed for compliance with program requirements. All eligible projects will be funded on a first come, first served basis until funds are exhausted. Date of receipt will be used to determine eligibility. If funds are insufficient to fully fund the initial requests, the District will randomly select from the eligible pool of applicants.

If insufficient applications are received, the District reserves the right to change the program requirements in order to fully expend the available funds. All eligible service stations will be notified by mail of any change in program administration to increase the pool of applicants.

Please direct any questions regarding the Gasoline Service Station Nozzle Replacement Program to Tommie Mayfield at 415-749-4774 or tmayfield@baaqmd.gov.

Gasoline Service Station Nozzle Replacement Program
Revised Application

OWNER/OPERATOR NAME: (Typed/Printed)_____	
Mailing Address:_____	
City:_____	Zip _____
Site Address: _____	
City_____	Zip_____
CONTACT PERSON:	
<input type="checkbox"/> Name/Title/Position:_____	
<input type="checkbox"/> Phone Number:_____	Fax Number:_____
<input type="checkbox"/> E-mail Address:_____	
Total number of Marconi/Gilbarco dispensers:_____ (Multiply number of dispensers by dollar amount.)	
Total number of Nozzles:_____	
Unihose number of dispensers	X \$470 =
6 nozzles dispenser (6-pack) number of dispensers	X \$1170 =
FUNDS REQUESTED: \$ _____	

Type of bootless nozzle currently installed:

Mark X in box below.

Emco Wheaton A4500	
Husky V3 6201	
OPW 11VAI	

Type of mini-boot nozzle to be installed:

Mark X in box below.

Certified Nozzle Replacement	X
Catlow ICVN	
Emco Wheaton A4505	
Husky V34 6250	
OPW 12VW	
Richards Astrovac	

☐ Retrofit to CARB certified ORVR Phase II System. (Check only if applicable.)

Please initial below to indicate agreement with the following program requirement:

Each dispenser's vacuum pumps will need to be adjusted for the new nozzles and the lower A/L ratio specification_____ (initial).

AUTHORIZATION: To the best of my knowledge, information in this application is true and correct.

Name (Typed/Printed): _____ Title: _____

Signature: _____ Date: _____